

STATE OF WASHINGTON
Determination Of Indigency Report

I. Identification

County _____ Court _____
Jurisdiction (check one) () Superior () District () Municipal Name of City _____
Applicant's Name _____ Case Number: _____

Case Type

(check the category corresponding to the most serious charge)

_____(1) Felony - Class A+	_____(5) Juvenile Felony - Class A+	_____(9) Dependency
_____(2) Felony - Class A	_____(6) Juvenile Felony - Class A	_____(10) Civil Commitment
_____(3) Felony - Class B or C	_____(7) Juvenile Felony - Class B or C	_____(11) Civil Contempt
_____(4) Misdemeanor	_____(8) Juvenile - Misdemeanor	_____(12) Other (specify) _____

Charges _____

Applicant's Address _____

(Street) (City) (State) (Zip Code)

Applicant's Telephone (____) ____ - ____ Date of Birth ____ / ____ / ____ Social Security # (optional) ____ / ____ / ____

Occupation _____ Employer _____

(Name)

(Address)

(Telephone)

II. Support Obligations

Total Number Dependents (include applicant in count) ____ If juvenile defendant, does he/she live with parents? (circle) Y N

If yes: Father's name _____ Mother's name (include maiden) _____

III. Presumptive Eligibility (check all that apply)

a. ___ Party is indigent because receives public assistance in form of: () AFDC¹ () General Assistance () Food Stamps
() Medicaid () Poverty-Related V.A.² Benefits () SSI³ () Refugee Resettlement Benefits () Other; specify _____

Case Number _____ Verified? _____ Method _____

b. ___ Party is indigent because committed to a public mental health facility.

Verified? _____ Method: _____

c. ___ Party is indigent because annual income, after taxes, is 125% or less of current federally established poverty level.

\$ _____ Specify annual income after taxes

Verified? _____ Method: _____

If Section III, a, b, or c applies, complete only Sections VIII, X and XI. Submit report to Court. If Section III is not applicable, complete all remaining sections.

IV. Monthly Income

		Verified?	
a. Monthly take-home pay (after deductions)	\$ _____	Y	N
b. Spouse's take-home pay (enter N/A if conflict)	\$ _____	Y	N
c. Contribution from any person domiciled with applicant and helping defray his/her basic living costs	\$ _____	Y	N
d. Interest, dividends, or other earnings	\$ _____	Y	N
e. Non-poverty based assistance (Unemployment, Social Security, Workers Compensation, pension, annuities) (DON'T include poverty-based assistance. See IV. a)	\$ _____	Y	N
f. Other income (specify) _____	\$ _____	Y	N

Total Income

\$ _____

V. Monthly Expenses (for applicant and dependents; average where applicable)

a. Basic Living Costs - Shelter (rent, mortgage, board)	\$ _____	Y	N
Utilities (heat, electricity, water); enter 0 if included in cost of shelter	\$ _____	Y	N
Food	\$ _____	Y	N
Clothing	\$ _____	Y	N
Health Care	\$ _____	Y	N
Transportation	\$ _____	Y	N
Loan Payments (specify) _____	\$ _____	Y	N
b. Court imposed obligations (check) ___ fines ___ court costs ___ restitution ___ support ___ other	\$ _____	Y	N
c. Bail/bond paid or anticipated (this offense)	\$ _____	Y	N
d. Other expenses (specify) _____	\$ _____	Y	N

Total Expenses

\$ _____

¹ Aid to Families with Dependent Children

² Veterans' Administration

³ Supplemental Security Income

VI. Total Income Part IV, minus Total Expenses Part V

Disposable Net Monthly Income \$ _____

VII. Liquid Assets**Verified?**

- | | | | |
|---------------------------------------------------------------------------------------------------------|----------|---|---|
| a. Cash, savings, bank accounts (include joint accounts) | \$ _____ | Y | N |
| b. Stocks, bonds, certificates of deposit | \$ _____ | Y | N |
| c. Equity in real estate | \$ _____ | Y | N |
| d. Equity in motor vehicle required for employment, IF over \$3,000 (list overage: value minus \$3,000) | \$ _____ | Y | N |
| Make of car _____ Year _____ | | | |
| e. Equity in additional vehicles (list total value) | \$ _____ | Y | N |
| f. Personal property (jewelry, boat, stereo, etc.) | \$ _____ | Y | N |

Total Liquid Assets \$ _____**VIII. Affidavit and Notification**

I, _____ (print name) do hereby certify (or declare) under penalty of perjury under the Laws of the State of Washington that the foregoing is true and correct (RCW 9A.72.085). By my signature below, I authorize the court to verify all information provided here. I further swear to immediately report any change in financial status to the court. I understand that if bail is imposed in this matter or if my financial condition changes I may request a redetermination.

Signed _____ Date _____
Place _____

IX. Determination of Indigency

- | | |
|----------------------------------------------------|------------|
| a. Disposable Net Monthly Income (from Section VI) | \$ _____ |
| b. Total Liquid Assets (from Section VII) | + \$ _____ |
| c. Total Available Funds (a plus b) | = \$ _____ |
| d. Anticipated Cost of Counsel for Offense Type(s) | \$ _____ |

____ If (c) is zero (0) or less, party is **INDIGENT**. ____ If (c) is greater than (d), party is **NOT INDIGENT**.

____ If (c) is more than zero (0) but less than (d), party is **INDIGENT AND ABLE TO CONTRIBUTE**.

Assessment Amount \$ _____**X. Recommendation**

Should this recommendation be modified due to anticipated length or complexity of case? (circle one) Yes No

If yes, explain _____

Other considerations or comments _____

The above constitutes my recommendation to the court. I have explained my recommendation to the party.

Screening Agent/Witness (please print) _____ Date _____

Signature _____ Agency/Organization _____

XI. Finding

____ Indigent ____ Not Indigent ____ Indigent and Able to Contribute Assessment \$ _____

Judge or Judge's Designee _____ Title _____